



Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

Date 21 November 2011

Re: C. L. No. 1049928

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: P.O. TERRY BATEY

Address: 3510 S. MICHIGAN AVE., 5TH FL.

Telephone: 312-745-6310 EXT. 85082

Hours Available: 4:00 P.M. - 10:00 P.M.

Sincerely,

P.O. T. BATEY

CPD-44.223 (REV. 1/07)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

T.  CERTIFIED MAIL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark
Here

Sent To

Street, Apt. No.:
or PO Box No.
City, State, ZIP+4

PS Form 3800, A

City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653
UNIT - 121



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete
- Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[REDACTED]

COMPLETE THIS SECTION ON DELIVERY

A. Signature	
X	
B. Received by (Printed Name)	
C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt